· San	1	1					
3			•				
哪能						PTO/SB/22 (08	
MAR	Approved for use through 7/31/2006. OMB 0651 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMME						
<i>₹</i>	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control numb Docket No. (Optional)						
	FITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				229752001300		
		In re Applicati	ion of Jose BOT	ELLA ME	SA et al.		
ı	<u> </u>	Application N	umber	File	∍d		
l	Ĺ	09/763,957			June 18, 2001		
		For: A PLANT PROMOTER AND USES THEREFOR (As Amended)					
		Art Unit	1636	Examiner	Ma	ria MARVICH	
	This is a request under the provisions o identified application. The requested extension and appropria						
l	One month (37 CFR 1.17(a	a)(1))			\$		
	Two months (37 CFR 1.17(a)(2))				\$		
1	Three months (37 CFR 1.17(a)(3))				\$		
	Four months (37 CFR 1.17(a)(4))				\$		
	Five months (37 CFR 1.17)				\$	2,010.00	
			ED 1 27 Thorofore	tha faa am			
ŀ	Applicant claims small entity star reduced by one-half, and the res			uie iee aiii	Juni Snov	vii above is	
ı	A check in the amount of the fee	-	2,000.00	<u> </u>			
	Payment by credit card. Form P		tached				
ľ				diantian t	. Dana-!!	A = = = : : = 4	
	x The Director has already been a	atnorized to c	narge rees in this app	Discation to a	i nebosit	ACCOUNT.	

I am the	applicant/inventor. assignee of record of the entire into Statement under 37 CFR 3.73	erest. See 37 CFR 3.71. (b) is enclosed. (Form PTO/SB/96).
	attorney or agent of record. Regis	
Ŧ	Registration number if acting under 3 (ulv 12, 2004	• •
	Date	Signature
(7	(03) 760-7769	Jonathan Bockman

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more

forms are submitted.

Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this

The Director is hereby authorized to charge any fees which may be required, or credit any

03-1952

Typed or printed name

overpayment, to Deposit Account Number

submission in duplicate.

Telephone Number

than one signature is required, see below

Total of

07/14/2004 SSESHE1 00000040 031952 09763957

02 FC:2255 1005.00 DA